

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1	/						51		
2		/					52		
3	/						53		
4		/					54		
5	/						55		
6		/					56		
7	/						57		
8		/					58		
9		3					59		
10		3					60		
11		3					61		
12		1					62		
13		1					63		
14		1					64		
15		1					65		
16		1					66		
17		1					67		
18		1					68		
19		1					69		
20		1					70		
21		2					71		
22		2					72		
23		2					73		
24		3					74		
25		2					75		
26		2					76		
27		9					77		
28		1					78		
29		2					79		
30		2					80		
31		1					81		
32		1					82		
33		1					83		
34		1					84		
35		1					85		
36		3					86		
37		3					87		
38		3					88		
39		3					89		
40		3					90		
41		1					91		
42		1					92		
43		2					93		
44		2					94		
45		2					95		
46		1					96		
47		3					97		
48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	74						TOTAL DEP.		
TOTAL CLAIMS	77						TOTAL CLAIMS		